Food & Nutrition

June 1980 Volume 10 Number 3

Serving Southeast Asian Refugees

A three-part article takes a look at the special needs of Southeast Asian refugees and how one USDA food program is helping them meet those needs. **Page 6**

Preventing Lead Poisoning: WIC Clinics Help Reach Children at Risk

A number of Federal, State and local agencies have joined together to detect, treat and prevent lead poisoning. WIC clinics will play a key role. **Page 4**

Changes in the Child Care Food Program

This spring the Food and Nutrition Service issued new rules for the Child Care Food Program. Here are highlights. **Page 14**

Letters

Since the fall, we've gotten several letters from our readers, and we'd like to share some of them with you here. If you would also like to write to us, please do.

We'd like to know more about how you use the magazine and what kinds of articles you find most interesting and helpful. Do you have suggestions on how we can improve the magazine? Or ideas and experiences that might help other people working on food assistance? Let us know. Send your letters to:

Editor,
FOOD AND NUTRITION MAGAZINE
Office of Legislative Affairs and
Public Information
Food and Nutrition Service
U.S. Department of Agriculture
Washington, D.C. 20250

Teaching handicapped children about food

Presently I am developing a nutrition course especially designed for handicapped children. Your article, "Handicapped Children Learn About Food," was most encouraging and interesting. I am seeking further information on the subject . . .

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Will calorie information affect food choices?

This Agency is in the process of initiating an experiment at an Army installation to determine the effect on soldiers' choice of foods, if such foods are labeled with the calorie count directly on the serving line. We are hoping to do this in a dining facility that has duplicate (mirror image) serving lines so that the same products are served on both sides, but only one side will have the calories labeled. Nutrition education posters encouraging choice of the lower calorie items will also be introduced during the term of the experiment to determine their effect.

I would be very much interested in learning of any other controlled experiments of this type that may have been conducted by your readers or that they are aware of.

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ECKAN offers a variety of food activities

Many of us here at ECKAN look forward to your magazine and appreciate its easily-read format and unusual content.

Our agency is particularly proud of its Food and Nutrition Program. The program's new coordinator, Gloria Crane, constitutes the entire F&N staff and is constantly adding new effective and innovative ideas to her system. This fall, for example, Gloria set up a nutrition-related booth at all the county fairs in this area. I am enclosing the August issue of our agency newsletter; on page seven is a pictorial on the fair display.

In addition to some of the more usual aspects of her program (such as Meals on Wheels, Canning Demonstrations, the School Breakfast Program, etc.), Gloria is interested in implementing some other, less conventional approaches. Among other things, she is currently beginning to utilize puppetry (along with original scripts) and has also developed a brief nutrition program

Letters

available to meetings, classes, etc. Her program, involving filmstrips, games, and lectures, is adaptable to all age groups.

We are anxious to learn through your magazine what kinds of ideas and techniques others are involved in—and your publication seems to be an excellent vehicle for that.

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Food stamp outreach in Berrien County

From the food stamp outreach coordinator in Berrien County, Michigan, we received this letter describing how the county reaches people in need of food stamp help. We're sorry we can't publish the entire letter, but here are some highlights:

Berrien County is . . . in the southwestern part of the State, on Lake Michigan. It is one of the 13 largest counties in Michigan.

In April of 1976, Berrien was one of those 13 counties to implement a food stamp outreach program and hire a full-time food stamp outreach coordinator. When the program began, there were really no specific guidelines other than the general outreach plan which resulted from the court mandate for outreach. The outreach program has become an integral part of the county social services operation.

One of the basic keys to success of an outreach program is the support and cooperation of the local administration, the supervisors, and the workers. Since outreach is a relatively new concept and the requirements are much less structured than for the regular Social Services programs, if there is an attitude in the local office favorable to outreach, the possibilities for innovation are almost limitless.

Our county, from the beginning of the outreach effort, has emphasized reaching the target populations. In particular, we have tried to make the application process easier for the elderly and the disabled. Those who are unable to come in to the local office are seen at home. Those who can come in, but due to age or health problems, cannot go through the regular application procedure, which, on busy days, may mean a long wait, are seen by the outreach coordinator.

Transportation difficulties are worked out with the volunteer services coordinator, who . . . [gets] volunteers to be authorized representatives for elderly or disabled individuals who are isolated and do not have anyone who can act in this capacity for them.

The senior centers in Berrien County also assist by allowing elderly persons to apply for food stamps at their sites. Many seniors are able to get to their local senior center easily and feel more comfortable making application there, rather than to go the local social service office . . . .

The Assistance payments staff is sensitive to the needs of seniors and the disabled who cannot come in to the office to apply for food stamps. They forward the request for a home call to the Food Stamp Outreach Coordinator, who then arranges for a home visit.

The services staff also go "beyond the call of duty." They realize the benefit of the Food Stamp Program to individuals living on a fixed income. If they are making a home call for services needs, they assist the client in filling out the food stamp application. This speeds up the application process considerably . . . .

In the past, and to a great extent even now, the "welfare" system has had the reputation of being a faceless, non-caring bureaucracy that is not really concerned with people's needs. The outreach coordinators have the opportunity to counteract some of this attitude by establishing themselves as contact persons who will answer questions and resolve problems between the public served and their agency.

As a food stamp outreach coordinator, I would like to see every large agency have some type of outreach program. It is easy to "lose" an elderly or disabled client in the shuffle of paperwork and pressure of deadlines. It is also easy to lose the perspective of the client as an individual.

With support from the local administration, an outreach program can help alleviate some of this painful depersonalization by making the system more compassionate and responsive to human need.

Jan Brunetti
Food Stamp Outreach Coordinator
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Benton Harbor, Michigan 49022

Preventing Lead Poisoning: WIC Clinics Help Reach Children at Risk

Studies have shown that even low levels of lead absorbed into the blood can affect a child's behavior and learning ability, while high levels may cause permanent brain damage, blindness, and even death. According to Dr. Vernon Houk, who heads a grant program for lead poison prevention in the Department of Health, Education, and Welfare, the danger is greatest for low-income children.

Some health authorities rank lead poisoning as the second most serious threat, after poor nutrition, to the health of many American children. Yet it often goes unrecognized by parents and pediatricians.

This year, a number of Federal, State and local child health agencies have joined together to protect children from the increased levels of lead in the air, water, and earth around us. Their aim is to better identify and treat lead poisoning, and their approach is to look for ways to integrate the services of various health care providers.

The Department of Agriculture's Special Supplemental Food Program for Women, Infants and Children (WIC) will be playing a key role in this effort. WIC provides food and nutrition education to pregnant and breastfeeding women, and to infants and children up to age 5. It operates out of local health clinics, hospitals, and other health facilities.

Beginning on a trial basis in South Carolina, selected WIC clinics will do lead poisoning tests on all children who apply for and participate in the program. In South Carolina, WIC reaches 22,000 of an estimated 223,000 children between the ages of 1 and 5.

South Carolina has had lead prevention programs for several years. Of the 24,700 children screened there during the past 7 years, 1,691 had elevated levels of lead in their blood. Because of the high incidence of the problem and the State's commitment to solving it, South Carolina was chosen as the location to initiate an interagency project to detect, treat, and prevent lead poisoning.

Why screening is important

Studies have shown that even low levels of lead absorbed into the blood can affect a child's behavior and learning ability, while high levels may cause permanent brain damage, blindness, and even death. According to Dr. Vernon Houk, who heads a grant program for lead poison prevention in the Department of Health, Education and Welfare, the danger is greatest for low-income children.

" Because we serve low-income children who are 5 years old and younger, WIC is an ideal program for reaching children at risk. Too often public health programs overlook one problem by focusing on another. By cooperating, we can give people access to programs that meet different needs. "

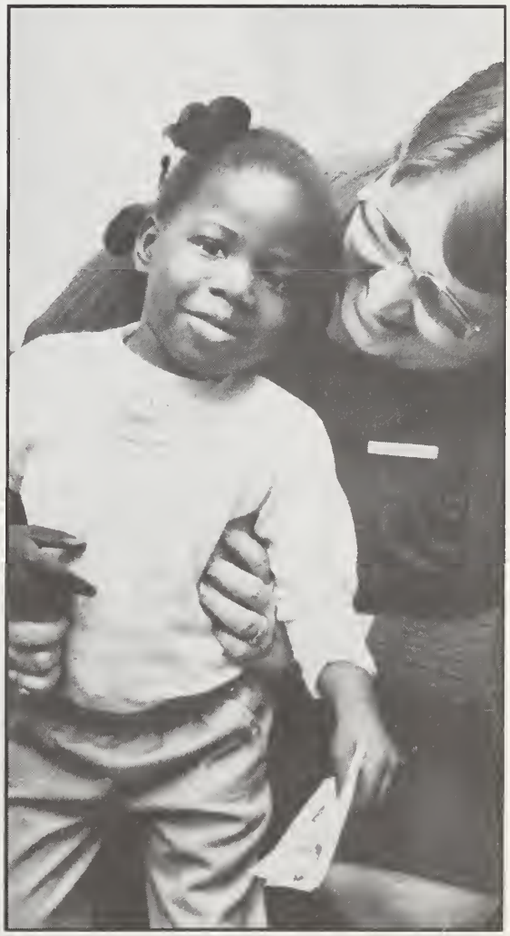
Compared to children from families with higher incomes, he said, these children are more likely to live in housing with peeling, lead-based paint. Moreover, they are more likely to suffer from malnutrition and anemia, and exposure to lead has more serious effects when children are poorly nourished or anemic.

However, said Houk, high lead absorption is not confined to children in low-income areas, and he believes all children should be screened. He pointed out that early childhood is a period crucial to physiologic development. It is also a time when children actively explore their environments and are likely to put in their mouths objects that contain lead, such as paint chips, toys, or soil.

WIC agencies cooperate

"Because we serve low-income children who are 5 years old and younger, WIC is an ideal program for reaching children at risk," said Harriet Duncan, who coordinates the WIC program in South Carolina. "Too often public health programs overlook one problem by focusing on another. By cooperating, we can give people access to programs that meet different needs."

In November, managers of WIC met with cooperating agencies to plan the steps to make lead screening and treatment a routine function of community child health programs. In addition to representatives from USDA and the State department of health, the planning group included representatives from three agencies



This child is one of the first WIC participants screened for lead poisoning in the South Carolina project. Here, she gets a warm welcome from Kathy Blake of the Georgetown County Health Department.

of the U.S. Department of Health, Education and Welfare—namely the Bureau of Community Health Services; Early and Periodic Screening, Diagnosis and Treatment; and the Environmental Health Services Division of the Center for Disease Control.

The group mapped a plan of action to fully coordinate the services of each agency. The plan called for WIC clinics to test children for lead poisoning at the time the children first applied and were accepted for the program, and then again at each subsequent certification. The screening began in WIC clinics in January.

Here's how it works

The process is simple. As part of a regular physical examination, the clinic staff takes a small blood sample from each child. Then, using equipment purchased by WIC and the maternal and child health program, the staff obtains from the blood sample a reading that can check the erythrocyte protophorphin level (EP) in the blood. An elevated level could indicate possible iron deficiency or lead toxicity, or both.

"With a drop of blood from a child's finger you get a readout within 6 seconds," said Houk. "The cost is less than 10 cents in supplies. By any measure, that's cost effective."

Children with a high reading are immediately referred for further testing. A public health nurse takes another blood sample which is sent to the State laboratory in Columbia to determine whether the child has iron deficiency, a high blood lead level, or both.

When results show high blood lead levels, project coordinators arrange for medical care and send a public health nurse to test other children in the home, and to counsel the family. An environmental inspector also visits the home to locate the sources of lead exposure and arrange to remove it. If the source is chipping paint, the

As the first step in the screening process, a member of the clinic staff takes a small sample of blood from a child's finger.

Using special equipment, the clinic then measures the erythrocyte protophorphin level in the blood. An elevated level could indicate possible lead poisoning.

" Our objective is to screen all children served with Federal dollars at least once a year. We know the problem. We know the answer. The solution doesn't demand a major infusion of Federal dollars. But it does require us to give lead poisoning prevention high priority in the use of our resources. "

owner will be required to scrape and repaint, or safely cover, the lead source. If there are lead chips in the soil, the soil must be turned over.

Essentially, the project assures medical and environmental follow-up wherever toxic lead levels are found in a child. "Before, you could find elevated levels of lead without having an assured follow-up," said Harriet Duncan. "Now, there are laws that require owners to clean up their property."

Project will expand

The interagency project began in Georgetown County in January. By summer, State WIC coordinators expect to be screening for lead in 10 more counties. In selecting the counties, the staff will be taking into account both the likely incidence of lead poisoning and the resources for follow-up. Plans are also being made to begin the cooperative lead screening project in Maryland.

"Our objective is to screen all children served with Federal dollars at least once a year," said Houk. "We know the problem. We know the answer. The solution doesn't demand a major infusion of Federal dollars. But it does require us to give lead poisoning prevention high priority in the use of our resources."

The cooperative project has set an example for Federal programs that can pool their services rather than duplicate or compete with each other.

"If the South Carolina project proves effective, it will be expanded to other States," said Jennifer Nelson, national director of the WIC program. "Because WIC has special access to young children, we will play a major role. The real measure of success will be the number of children that screening saves from impairment or death, and the progress it achieves in making their world safer."

by Wini Scheffler

If further tests show high levels of lead, project coordinators arrange for treatment and send a public health nurse to test other children and counsel the family.

An environmental inspector also visits the home to locate the source of lead exposure and arrange to remove it.

Serving Southeast Asian Refugees

Serving Southeast Asian Refugees

In recent years, there's been a dramatic increase in the number of refugees from Southeast Asia coming to this country. As of April 1, there were more than 333,000 Southeast Asian refugees living in the United States. And the refugees are expected to continue to arrive during 1980 at the rate of about 14,000 per month.

Many of the refugees have spent long months and even years in camps where there has been an insufficient quantity and limited variety of food. As a result, many have arrived here weak, underweight, and anemic, and sometimes suffering from such parasitic diseases as hookworm.

One of the Agriculture Department's food assistance programs that has been helpful to the refugees is the Special Supplemental Food Program for Women, Infants, and Children (WIC). Operated by local health agencies, the program provides monthly food packages along with nutrition education to pregnant, breastfeeding and postpartum women, and to infants and children up to age 5. Participants are individually certified, by competent health personnel, to be at "nutritional risk" because of inadequate nutrition and low income.

USDA's Food and Nutrition Service (FNS) is currently developing information materials for use by WIC clinics serving Southeast Asians. This material will help the local clinic staffs as they enroll the refugees in the program, explain the food package and offer guidance on planning and preparing nutritious meals.

Recently, Food and Nutrition magazine visited a WIC clinic in Arlington, Virginia, where about 100 refugees are enrolled. We interviewed Pat Freeman, the nutritionist at the clinic, and we talked to one Vietnamese woman who is a participant there. Later, we interviewed FNS nutritionist Nancy Crane, who is working on developing the materials for local WIC staffs.

“ In many cases, the refugees have just arrived from months of living in substandard conditions in camps in Malaysia, Hong Kong, Thailand and the Philippines. The cultural change of adjusting to metropolitan Washington is overwhelming. Many have no income or very little income, and no language facility or ability to get a job. ”

Pat Freeman talks about the refugees' special needs

Pat Freeman has worked as the nutritionist at the Arlington County WIC clinic since May 1978. Of her overall caseload of 835 mothers and children, about one-eighth are Southeast Asian refugees.

"In many cases," she said, "the refugees have just arrived from months of living in substandard conditions in camps in Malaysia, Hong Kong, Thailand and the Philippines. The cultural change of adjusting to metropolitan Washington is overwhelming. Many have no income or very little income, and no language facility or ability to get a job."

Anemia is major problem

According to Freeman, one major health problem of the refugees in her area is anemia. About 20 percent of all refugees WIC enrolls in Arlington are anemic. WIC provides foods that are high in iron, which is essential in treating as well as preventing anemia. However, since some of these foods are totally new to the refugees, they need special encouragement to use them.

"We give participants monthly vouchers that they exchange for a specified food package of milk, eggs, juice, cereal and cheese," Freeman explained. "The Southeast Asians drink the milk and juice and eat the eggs and some of the cheese. But they usually don't eat the iron-fortified cereal because their diet is based on rice and they don't have experience eating corn and wheat, from which the cereals are made."

The refugees' traditional diets include large quantities of rice, which they eat along with fruits and vegetables and portions of meat and fish. Rice is their staple food, and many Southeast Asians get 70 to 80 percent of their total calories from rice.

In this country, many of the refugees buy rice in 25- or 50- pound sacks from local Oriental markets. "One problem we have had with this rice," Freeman said, "is that it has been highly milled and therefore has little iron left in it. However, I have recently learned that the Oriental markets have begun to carry iron-fortified rice. This rice is more expensive, but it should be a big help to the refugees because they eat a lot of it each day.

"For example, the pregnant women we see eat four or more bowls of rice each day. If their rice is adequately fortified, these four bowls can provide them with as much as 40 percent of the recommended daily allowance for iron.

"The rice they can get in supermarkets is generally iron-fortified, but it isn't in the quantities they want or need, so the fact that they can now get fortified rice in large quantities is important in combatting their anemia problems," she said.

"I talk to the women about anemia and try to coax the children to eat samples of iron-fortified cereals, but the cereals are foreign to their culture, and it takes time for them to accept these new foods.

"I also talk to them about other foods to ward off anemia—like red meat, liver, green leafy vegetables, dried peas and beans, but they are very poor, and it's hard for them to afford a lot of these foods."

Also need calcium

Another nutrition problem common among the refugees—and particularly among women refugees—is lactose intolerance. Since lactose is a natural sugar present in milk, people with lactose intolerance have difficulty digesting milk and milk products. Because milk is such an important source of calcium, lactose intolerance can lead to calcium deficiency if there are not enough other high-calcium foods available.

In their own countries, Freeman said, the Southeast Asians could buy seafood relatively inexpensively. They could get a certain amount of calcium from the shellfish they ate, as well as from certain fish sauces and from the bones in tiny fish that they ate whole. Here, where seafood is more expensive, a much cheaper way to get calcium is to drink milk."

To help the refugees develop a tolerance for milk, Freeman suggests they drink it in small amounts. Sometimes she suggests they put a small amount of sugar in the milk. This is because, in many instances, the only milk the refugees have previously had is sweetened condensed milk.

She also suggests they eat lots of green leafy vegetables and soybean products, such as bean curd. These are good sources of calcium in their traditional diets.

Lessons offer encouragement

Pat Freeman spends a lot of time on nutrition education with the refugees. "Basically, I encourage them to eat better foods and I try to help them learn how to buy better. Really, though, their traditional diets aren't bad if they could just make sure to get enough iron and increase milk consumption to get calcium.

"In fact," she said, "a recent study shows that the average Vietnamese intake of calories derived from fat and carbohydrates corresponds favorably to the goals set by the Senate Select Committee on Nutrition and Human Needs in February 1977. It seems counter-productive to try to change these sound food habits that meet dietary goals, but for practical reasons we have to try to modify them somewhat."

If Southeast Asian women are not nursing their babies, Freeman encourages them to use the iron-fortified formula in the WIC food package. She also tells them not to add solid foods too soon, and explains what food allergies are and how to look for them. She also covers sanitation and food preparation and tells them how to make their own baby food.

Freeman describes the Southeast Asians as "fine people." "The language barrier can be troublesome and frustrating sometimes," she said. "But we have a Vietnamese receptionist who doubles as a translator for both the WIC clinic and the county health department, which shares the same waiting room."

Diem-lo Do tells how WIC has helped her

One of the women Pat Freeman has helped is Diem-lo Do, who has been participating in the WIC program for 16 months. Mrs. Do, a Vietnamese from Saigon, said she heard about WIC during a visit to the county health clinic, when she was pregnant with Mai-an, her 14-month-old daughter.

Mrs. Do came to the United States in April 1975 with her husband and three children. "We flew from Saigon to Camp Pendleton," she said, "and we had to stay there for 3 months." They have no relatives in this country, but they've been able to make friends here, especially among the Vietnamese community.

"WIC is good for me because they stress the right foods I need for Mai-an. We pick up the checks (food vouchers) every month, and they list the foods we are to get right on the check. That way the grocery clerks know what foods we are supposed to get."

"WIC is good for me . . ."

"WIC is good for me because they stress the right foods I need for Mai-an," Mrs. Do said. "We pick up the checks [food vouchers] every month, and they list the foods we are to get right on the check. That way the grocery clerks know what foods we are supposed to get."

Mrs. Do said that when she was pregnant with Mai-an, she drank the milk in the food package. "But it was hard for me to do. I put sugar in it to make it taste better. I tried to eat the cheese because I knew it was good for me, but I wasn't used to it, so it was hard. But I ate the cereal. I ate all of that.

"Mai-an eats all the foods in the food package," she added, "but the 7 gallons of milk for her each month is too much. She can't drink all that." As for changes she'd like to see, Mrs. Do said she wishes the food package could include rice. "It's our main dish, like yours is potatoes or bread."

"My family still eats mostly Vietnamese foods," she said, "but I am teaching my children to eat American foods, too." She said the hardest thing for the family in adjusting to American life was "learning the language and finding a job." Diem-lo Do's husband now does "paste-up" for publications in Washington, and she is enrolled in a class to learn typing and other clerical skills.

Nancy Crane offers some advice to WIC staffs

When nutritionist Nancy Crane talks about the problems Southeast Asians have in adapting to our eating habits and our culture, a term she uses often is "cross cultural adjustment."

Cross cultural adjustment is the challenge the refugees face as they move from their familiar Oriental culture to ours, which is totally new. "What I see as a successful adjustment," Crane said, "is one that reinforces what is good in a traditional culture and selectively introduces the best elements of a new culture."

Along with other Food and Nutrition Service nutritionists, Nancy Crane has been working on information materials that will help WIC clinics better understand the particular needs of the refugees.

One fact sheet describes the refugees' traditional diet and their nutritional status. A second gives communication tips for working with Southeast Asians. And a third discusses ways to introduce WIC foods.

The group is also working on an annotated bibliography. The bibliography will list flyers, brochures, and other materials prepared by State and local WIC staffs and translated into one or more of the refugees' languages.

"Of the 333,000 Southeast Asian refugees now in this country," Crane said, "we estimate that about 40 percent are children. Their families are typically large, with five or more children. In addition, some of the children are not with their natural parents, but rather are with uncles, aunts, and grandparents. Because the population is weighted so heavily with children, WIC is particularly important to them."

Nancy Crane has a lot of experience to bring to the project she's working on. In 1978, when she was doing work for her master's degree in food and nutrition at Florida State University, she did a survey of the food habits of Vietnamese refugees in northern Florida. (The survey is expected to be published soon in the *Journal of the American Dietetic Association*.) Later, she worked as WIC coordinator in two Florida counties with heavy concentrations of refugees.

Who are the refugees?

According to Crane, the Southeast Asian refugees started coming to this country in 1975. At that time, they were mostly professional people—teachers, doctors, military officers and business people. In recent years, the refugees have tended to be less well educated. For example, many of the Hmong (Laotian hill tribesmen) who have recently arrived in the United States cannot read or write. Of the refugees now here, about 85 percent are Vietnamese, 5 percent are Cambodian, and 10 percent are Laotian. Among the most recent refugee arrivals are ethnic Chinese families from Vietnam and a large number of Cambodians and Laotians.

In comparison to other refugees, Crane said, the white collar refugees of a few years ago were better able to adjust to American eating habits and markets, because they had had more contact with Westerners, especially with French and Americans.

The newer refugees have a lot more adjusting to do, Crane said. "There are many foods for them to learn about, and there is a totally different price structure for food. For example, oranges, which are relatively cheap here, are very expensive and are considered a status food in Southeast Asia. And fish, which is plentiful in their home countries and relatively cheap, is more expensive here.

"At home, sweets and soda pop were status foods. Because these foods were expensive and hard to get, Southeast Asians ate them infrequently. However, in the United States, these and other high-sugar foods are widely advertised, cheap, and readily available. For these reasons, some Southeast Asians need to be cautioned about eating too much of them."

The refugees also need to be cautioned about television advertising, Crane said. They need to know that not all foods advertised are nutritious, and that Americans habitually eat some non-nutritious foods.

"The children are more susceptible to television advertising than adults," she said, "and they more readily accept the new culture. A paramount fear of the adults is that their children will lose their cultural heritage in our fast-moving society. They want to maintain their family ties and cultural traditions."

Working with the refugees

In working with the Southeast Asians, Crane said, it's important to remember that what people eat is a basic part of their culture.

"We should not impose our way of doing things," she said. "And when we do make recommendations, we should base them on the refugees' traditional diets." For example, since rice is their staple food, it might be good to advise pregnant women to get additional protein by eating more of the protein-rich foods that are traditionally served with rice, like fish or chicken.

"The idea," Crane continued, "is to build on what they already like to eat by maintaining familiar condiments and flavorings. A good way to introduce unfamiliar foods, such as cheese and cereal, might be to suggest the refugees eat them as snacks. This doesn't alter the traditional meal pattern."

When developing nutrition education plans, Crane suggested, WIC workers can stress the positive aspects of the refugees' traditional dietary practices. Southeast Asians generally eat adequate amounts of starch and fiber, and their native diets

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contain little fat and sugar. They eat a variety of foods, including many green leafy vegetables, and they cook vegetables in ways that retain most of the nutrients.

On the other hand, there are some areas where changes would be helpful. For example, the refugees' traditional diets contain a lot of sodium, which comes mostly from fish sauces and soy sauce. WIC staffs can tell them why too much salt is harmful and offer advice on ways to reduce its use.

WIC workers can also help by teaching the refugees about the American marketplace. “They need to know about unit pricing, and such basic things as the English names for their traditional foods,” Crane said. “They may need help with budgeting, or they may need to learn how to use an oven. Some of the refugees from rural areas may not have had ovens and refrigerators in their homes.”

Listen to their concerns

Crane recommends that WIC workers let the Southeast Asians voice their own interests and decide what they want to talk about. While it may slow things down a bit, it's a good way to build trust.

For example, she said, a WIC worker may be eager to talk to a mother about her child's anemia, but the mother may be more interested in talking about her need to get Oriental spices. The worker can help with the anemia, but she may need to focus on the spices first. “You're not going to get anything accomplished if you don't get their confidence first.”

Crane thinks it's also helpful to find out about the refugees' lifestyle in the United States. Where do they live? Do they work? Can they conveniently breastfeed at their jobs?

Crane said that breastfeeding is the principal method of feeding infants in Southeast Asia; but that among the refugees there is a trend toward bottle-feeding. One way to reverse that trend, she suggests, may be to point out that many American women breastfeed, and that it has high “status” here. In Southeast Asia, the elderly are generally well respected, and another way to encourage breastfeeding and other nutrition goals is to enlist the support of elderly Southeast Asian women.

The refugees are generally very interested in learning, Crane said, but paperwork frightens them. Her advice on paperwork is to keep it to a minimum and, where possible, to have one of the more experienced participants fill out and explain the forms to newcomers.

In addition to enlisting the help of other participants, Crane suggests local clinics might set up advisory councils to help the refugees voice their food-related concerns. Members of the council could include people from local voluntary agencies, like Catholic charities.

Voluntary agencies have been particularly helpful in providing translators, she said. “I have found that the translators can be important go-betweens, especially when a mother has just enrolled in the WIC program. I have also found that if you can learn just a few words of greeting in their language, this can be a very good icebreaker.”

Nancy Crane said she learned in her work with the Southeast Asians that there is no one right way of doing things. “I also learned to respect the nutritional strength of their native diets.”

She added, “It's important to recognize that Southeast Asians participating in WIC can make decisions about their own lives and what they eat, and they should be given the opportunity to do so. They need to work out their own solutions to their nutritional problems. And WIC staffs should help them do that.”

by Michael McAteer

Changes in the Child Care Food Program

During the past 4 years, over 600,000 mothers with children under the age of 6 have joined the work force, and the need for child care services has increased dramatically. Unfortunately, so have the costs of providing child care.

This spring, the Department of Agriculture issued new rules for its Child Care Food Program, which offers cash and donated foods to help child care facilities serve nourishing, well-balanced meals. The new rules make more money available to child care centers and day care homes already participating in the program. They make it easier for new child care centers and homes to join. And they also cut down on recordkeeping.

The new rules are the result of Public Law 95-627, passed by Congress in November 1978. Most changes went into effect May 1.

"Alternate licensing"

Until now, to qualify for the food program, all day care homes and child care operators have needed a child care license or other approval from Federal, State, or local agencies. Licensing is based on applicants' ability to ensure the safety and well-being of the children in their care, activities they provide to help children develop socially and intellectually, and other criteria.

In the past, delays in licensing have made it difficult for some centers and homes to join the food program. When a State or local licensing office had a backlog of pending applications, a center or home could wait months before becoming eligible.

Under the new rules, when institutions are unable to get child care licensing from State or local licensing offices, in many instances they can apply for alternate approval from the State agency administering the food program. In most States, the State education office administers the program.

Institutions can apply to the State agency administering the program when: 1) State law does not provide for child care licensing; 2) State law provides for child care licensing but the State licensing authority has insufficient resources or personnel to actually do the licensing; or 3) there is a backlog of pending applications in the State or local licensing office.

To serve more homes

When the Department of Agriculture first began giving aid to child care facilities in 1968, only institutions such as day care centers, settlement houses, Head Start centers, afterschool programs, and recreation centers were eligible. In 1975, family and group day care homes also became eligible.

Under both previous and new program rules, one eligibility requirement for day care homes is that they be sponsored by a qualified organization, such as a local government agency, a church or a child care association.

Sponsoring organizations handle all program finances, keep records, file reimbursement claims with the State office, and get meal payments to the homes. They also recruit and train day care providers and make sure the homes serve meals that meet nutrition standards set by USDA.

According to Jordan Benderly, director of the Child Care Food Program, a lack of available sponsoring organizations has prevented day care homes from joining the food program in many communities. The new rules make several changes to encourage more organizations to sponsor homes. One inducement is the availability of start-up payments to initiate new programs or expand established programs.

"It takes a certain amount of money to plan and set up the food program and to recruit and train day care providers," said Benderly. "Until now, finding seed money has often been a problem for sponsoring organizations. This is one of the main reasons the program has grown slowly in day care homes."

Under the new rules, organizations can get up to $4,000 during a 2-month period to develop or expand the Child Care Food Program in up to 50 homes. To get the funds, organi-

zations must submit an acceptable plan for initiating or expanding the program. Organizations may get start-up funds at the rate of up to $45 per month for each of the initial 25 homes and up to $35 per month for each of the next 25.

To further help organizations

To further help sponsoring organizations plan and operate the food program, the new rules change the way organizations get Federal money.

Until now, the amount of Federal money a sponsoring organization received depended on two factors: the number of meals served by participating homes; and the family incomes of the children enrolled. Federal payments were higher for meals served to children with incomes below USDA's poverty guidelines for free and reduced-price school meals.

"Under this arrangement," Benderly explained, "organizations received payment in one lump sum. From this, they decided how much of the total they would keep for their administrative costs and how much they would give to the homes. This made planning difficult for many homes.

"Because Federal reimbursements were higher for meals served to low-income children," he added, "the amounts sponsoring organizations received varied greatly. Two organizations could serve the same number of homes, incur the same costs for administering the program, but get vastly different amounts of Federal money with which to cover those costs."

Under the new rules, there are separate fixed rates of reimbursement for administrative costs and for food service payments for homes. This allows both sponsoring organizations and providers to know approximately how much money to expect each month. These rates don't depend on the income levels of enrolled children, as in the past, and, therefore, don't vary from one sponsoring organization to another.

Sponsoring organizations get administrative money according to the number of homes they sponsor. They may receive up to a maximum of $45 monthly for each of the first 25 homes they sponsor, up to $35 monthly for each of the next 50 homes, and up to $30 monthly for each additional home. The amount a sponsoring organization receives cannot be more than either: a) the actual costs the organization incurs; b) the organization's approved administrative budget; or c) 30 percent of the amount the organization gets for food payments to the homes.

Sponsors receive and must pass on to homes one flat rate for each meal the homes serve. Day care providers currently get 90 cents for each lunch and supper, 46 cents for each breakfast, and 27 cents for each snack. These payments cover the cost of obtaining and preparing food.

Changes also help centers

The new rules include several benefits for child care centers. First, the rules set up a new alternate method of reimbursement, which provides more money for almost all centers serving low-income children.

The new method, called "tiering," allows centers with high enrollments of low-income children to get more money and, at the same time, cut down on recordkeeping. If two-thirds or more of the children enrolled are eligible for free and reduced-price meals, a center can request reimbursement for all meals at the rate for free meals. If one-third to two-thirds of the children enrolled are eligible for free and reduced-price meals, a center can request reimbursement for all meals at the rate for reduced-price meals.

Tiering is also an option for centers where less than one-third of the children are eligible for free and reduced-price meals. These centers can request reimbursement at the paid rate for all meals. However, they will get more money if they use one of the regular reimbursement methods, which require more detailed recordkeeping.

To help improve the cash flow for child care institutions and sponsoring organizations, the new rules make monthly advance funds available to those who want them. The payments are equal to one month's reimbursement, and institutions will receive them by the first day of each month. Monthly advance funds eliminate the need for loans to cover costs until centers and organizations receive reimbursement.

The new rules increase from $3 million to $6 million the funds available for food service equipment. Administering agencies will award funds for equipment based on need. This money will be especially helpful to institutions where lack of equipment is preventing them from acquiring licenses or approval to join the food program.

Impact of the changes

Presently, approximately 18,000 child care centers and 11,500 homes participate in the Child Care Food Program. USDA officials expect the new rules to have a substantial impact on program participation.

"We expect the majority of this growth to be in day care homes," said Benderly. "Of the 100,000 licensed day care homes providing child care services, only about one-tenth get Federal food help through the program. We're making a special effort to recruit more homes.

"These new rules should be instrumental in helping us reach our ultimate goal—to make more meals and better nutrition available to children from low-income families."

by Marilyn Stackhouse

UNITED STATES GOVERNMENT PRINTING OFFICE

Division of Public Documents, Washington, D C 20402
Official Business
Penalty for Private Use, $300

POSTAGE
& FEES PAID
U.S. DEPT.
OF
AGRICULTURE
AGR 101

THIRD CLASS BLK. RT.
PERMIT NUMBER .005-5

U.S.MAIL

Published six times a year by the Food and Nutrition Service, U.S. Department of Agriculture, Washington, D.C. 20250.

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Yearly subscription: $5.00 domestic, $6.25 foreign. Single copies: 85 cents domestic, $1.10 foreign. Send subscription orders to: Superintendent of Documents, Government Printing Office, Washington, D.C. 20402.

The Secretary of Agriculture has determined that the publication of this periodical is necessary in the transaction of the public business required by law of this Department. The use of funds for printing this publication was approved by the Director of the Office of Management and Budget through September 30, 1980.

Prints of photos may be obtained from Photo Library, U.S. Department of Agriculture, Washingon, D.C. 20250.

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